

DIRECT DEPOSIT AUTHORIZATION FORM

M2

I hereby authorized U. S. Army Corps of Engineer, hereinafter called USACE, to initiate direct deposit credit entries and to initiate, a necessary debit entries and adjustments for any credit entry in error to my (our) account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. This authority is to remain in full force and effect until USACE has received written notification from me (or either of us) of its termination in such time and in such manner as to afford USACE and DEPOSITORY a reasonable opportunity to act on it.

Check One: I am not currently participating in the Direct Deposit Program.
☐ **ADD** - Deposit my payment to the account shown.

I am currently participating in the Direct Deposit Program.
☐ **CHANGE** - Change financial institutions and/or account number.
☐ **CANCEL** - Stop my participation in the program.

Name or (Company as shown on invoice):		VENDOR_ID_CODE:	
Address:			
City:	State:	Zip:	
Mailing Address (if different):			
Daytime Phone: ()			

Please ask your Financial Institution for your Depositor Account Number and Routing Number
(Indicate which type account to credit)

Type of Depositor Account Please check a box.	<input type="checkbox"/> Checking	<input type="checkbox"/> Saving																															
Depositor Account Number	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																

Name of Financial Institution:									
Address:									
City:	State:				Zip:				
Routing Number:									
Depositor Account Title:									

Tax ID Number (TIN) for Business:	
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SIGNATURE: _____ DATE: _____